State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

State Property Development Projects Stewardship Application

Form 2500-112 (R 8/04)

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Notice: Use of this form is required to apply for a Development Grant on State Property under s. 23.098, Wis. Stats, and ch. NR 151, Subchapter IX, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this application form. Information provided will be used to determine eligibility for grants and to monitor compliance with terms of the grant agreement. Personally identifiable information is not intended to be used for other purposes and may be made available to requesters under Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

	Mail or deliver application and	attachments to the Proper	rty Manager.			
Applicantion Information						
State Property Name		County	Project Name			
O contract to the contract to			E	N (FINI)		
Organization Name			Employer Identification	n Number (EIN)		
Name of Contact Person Authorized	bv Resolution to Act for Organizati	on Title				
	,					
Organization Address		City		State ZIP Code		
E-Mail Address of Organization or Contact Person		Telephone Number	Telephone Number (include area code) Fax Number			
Erianda Graun ar Nannrafit Car	nearyation Organization (NCO)	\ Eliaibility				
Friends Group or Nonprofit Co		-				
Yes, our organization has previously been certified as eligible for the Stewardship Program. Answer questions 1 and 2:						
1. Has your organization changed its mission in its Articles of Incorporation or Bylaws since it was certified?						
Has your organizatio	2. Has your organization's status as a 501(c)(3) tax exempt organization changed since it was certified?					
If you answered "Yes" to either question, please attach the appropriate documentation to reconfirm your certification.						
No, our organization has not previously been certified as eligible for the Stewardship Program:						
 Friends Groups: attach A) IRS determination letter confirming you tax exempt status and B) written agreement with the Department of Natural Resources. 						
NCOs: attach A) IRS	determination letter confirming	your tax exempt status	and B) Articles of Inco	rporation and Bylaws.		
Project Description						
The project description is used to typed. Attach your project descrip		. It should be no longer	than 250 words in len	gth, double-spaced and		
• Include what, where, when, how, why and who and explain how the project implements DNR approved plans for the property.						
 Include a timeline, and, if the project will be completed in multiple phases, briefly describe each phase and when you will be applying for funding for additional phases. 						
Administrative Rules governing this grant application state that priority shall be given to activities that accomplish any of the goals listed below. Check any of the priorities this project achieves, and include an explanation in the project description if not self-explanatory.						
a. Leverages Stewardship grant against other funding in addition to the 50% sponsor match						
b. Expands recreation opportunities						
c. Addresses visitor/public health, environmental, safety or security problems						
d. Expands or improves environmental education and interpretation programs or outdoor skills development						
e. Restores habitat in a manner consistent with DNR approved management plans						
Project Cost Estimates						
Estimate total project cost based 1) materials & supplies; 2) service manager and reference their copy column and include a brief descri	es; 3) labor, salaries, & fringe be y of the <i>DNR - Cost Estimating V</i>	nefits; and 4) equipmen	t. When estimating co	sts, work with your property		
Total Project Cost	Applicant S Cash	Share (50%) Non-Cash Dona		ested Stewardship Grant (50%)		
\$	\$	\$	\$	(0070)		
Cost Estimate obtained through:						
Quote Applicant's Estimate DNR - Cost Estimating Workbook Other – Describe:						
Work to be performed by: (check		. 5				
Private Company Contract(s	s) Friends Group/Voluntee	rs (non-cash donation)	Staff Ot	her:		

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Project Dates			
Estimated Project Begin Date	Estimated Project End Date		
Required Attachments			
Copy of IRS determination letter confirming the tax exempt stored Copy of agreement with the Department of Natural Resource Resolution of authorization Project description Location of project on state property map (hand drawn is Detailed site plan (hand drawn is acceptable) or layout Detailed cost estimate including non-cash donations	s or your Articles of Incorporation		
Authorization			
Certification: I certify that to the best of my knowledge and belief, the	information in this application i	is true and correct.	
Signature of Authorized Contact Person	Da	ate Signed	
Print or Type Name	Title		
Regional Sign Off			
Answer each of the following questions. Administrative Rules governmet.	ng this grant application state t	hat the following conditions must be	
• Project is for "nature-based outdoor recreation" as defined by Wis.	Adm. Code 51.002(19)?	Yes No	
Project is consistent with the property's 6 year facilities plan?	Yes No No	A - Habitat Restoration or Cooperative Trail	
Project is consistent with DNR approved plans for the property?	Yes No No	A - Habitat Restoration or Cooperative Trail	
• Project improvements have an expected useful life of 20 years or m	ore? Yes No		
Required Attachments enclosed Natural Heritage Inventory Screening Form ER completed and a Development Project Request Form 9300-197 completed and	attached Attached or En route		
Signature of Property Manager	D	ate	
Printed or Typed Name	T	elephone Number	
Signature of Region Director	D	ate	
Printed or Typed Name	elephone Number		